

Community Integration Workgroup  
November 20, 2014 10 AM to 3 PM  
United Way Room ABCD  
1111 9<sup>th</sup> St Des Moines, IA  
MEETING MINUTES

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COMMUNITY INTEGRATION WORKGROUP MEMBERS PRESENT:

Rick Shults  
John Bigelow  
Diane Brecht  
Joe Sample  
June Klein  
Marcia Oltrogge  
Deb Schildroth  
Brent Wightman  
Terri Rosonke  
Laura Larkin  
Kevin Martone

Jen Bauer  
Teresa Bomhoff  
Jennifer Early  
Earl Kilgore  
Steve Miller  
Jason Orent  
Suzanne Watson  
Steve Johnson  
Theresa Armstrong  
Renee Schulte

COMMUNITY INTEGRATION WORKGROUP MEMBERS ABSENT:

Deb Dixon

OTHER ATTENDEES:

Zeke Furlong	House Democrat Staff
Jim Rixner	SMHC Sioux City
Kyle Carlson	Magellan Behavioral Health Services
Todd Lange	Magellan Behavioral Health Services
Anna Killpack	Parent
Jackie Dieckmann	Parent/OCA

WELCOME AND CALL TO ORDER

Rick Shults called the meeting to order at 10:05 a.m. and led introductions. Rick introduced the agenda and reviewed charge of workgroup and progress to this point. Draft recommendation document was handed out for discussion.

Kevin Martone led the discussion on the draft recommendation document.

1. INDIVIDUALS WITH HIGH INTENSITY OF SERVICE NEEDS:

Assertive Community Treatment

Group discussion indicated there were other treatment options for this population including Dialectical Behavioral Therapy and the University of Iowa version: Systems Training for Emotional Predictability and Problem Solving STEPPS. Discussion surrounded how these options are better than basic ACT teams for persons with Emotional intensity disorder otherwise known as Borderline Personality Disorder.

Discussion also noted challenges and opportunities for STEPPS groups with length of treatment and best practice being two therapists and reimbursement for only one. Challenges and opportunities for ACT like teams and mobile crisis units in rural communities were also noted. Work being done on fidelity standards for rural ACT teams.

### Habilitation and other community support services

Discussion of use of both ACT and habilitation to wrap around individuals who have most difficult issues. Currently reimbursement for both is not available.

### Transition to the Community

Necessity of standardized assessment noted. State Balancing Initiative Program required a standardized assessment. The outcomes workgroup recommended the LOCUS. However there are challenges between what the Center for Medicare and Medicaid Services (CMS) is requiring and what types of assessments are available for mental health services.

Additional needs noted:

1. Information sharing
2. Access to Medication – although much improved with Medicaid expansion.

### 2. HOUSING ASSISTANCE

Discussion centered on challenges with case management inconsistencies in prioritizing housing for persons with serious mental illness.

Tenant based rental assistance is limited for individuals with disability. Few Public Housing Authorities have disability preferences. The existing state funded rental assistance program at IFA is for 1915(c) eligible individuals only. Intellectual disability housing system in Iowa does not match Section 8 requirements related to living with a roommate versus living alone. Some regions are moving toward permanent supportive housing models.

### PUBLIC COMMENT –

Shift has been made in Sioux City CMHC to less funding of medication from \$12K a month to almost \$500 a month with the implementation of Iowa Health and Wellness Plan and marketplace exchange. CMHC block grant has been used to train people in DBT. Mental

health Courts needs to be included in law enforcement discussion in afternoon. WRAP plan is key to transition and should be emphasized.

Break for lunch was taken at 11:50 a.m.

The meeting resumed at 1:05 p.m.

Kevin Martone continued discussion on draft recommendations for group input.

### 3. NO WRONG DOOR/SINGLE POINT OF ENTRY

Group wanted it to be noted that on the final website version, mental health and veteran's resource links need to be front and center.

### 4. REIMBURSEMENT

The group continued to discuss challenges with differences in reimbursement between public and private funders. Note that sustainability in funding needed in regions to create an integrated system.

A peer support service funding change is being piloted with Hope Haven for the next six months to determine the best funding option. System is moving away from 15 minute increment fee-for-service funding while peers are requesting to move in that direction.

### 5. CO-OCCURRING MENTAL HEALTH AND OTHER DISORDERS/DISABILITIES

Providers are trying to do the work to provide co-occurring disorders, but do not have the resources to pursue dual certification.

### 6. OUTCOMES AND DATA

Discharge to homelessness is an important indicator. However, different agencies define homelessness differently. Will need a single definition to report correct information.

Length of stay in hospitals should be monitored and evaluated for system changes.

### 7. LICENCING AND REGULATION

Have we used the greatest flexibility possible in the waiver process? Concerns noted about increased regulations and reduced flexibility in new services.

Standardized assessment by 3<sup>rd</sup> party would help take workload off IHH, and decrease the potential for conflicts of interest.

### 8. STRATEGIES TO SUPPORT SUSTAINED RECOVERY AND ENGAGEMENT

Peer welcome centers providing peer support service should continue in addition to the care coordination role with the IHH. Peers and family support peers should be part of the integrated treatment team.

## 9. WORKFORCE

Teresa Bomhoff presented a document on workforce development created by AMOS. The group wanted to applaud this work and continue to review the options included to improve the state workforce.

Tele-health for prescribers needs to be continued to expand the workforce.

## 10. LAW ENFORCEMENT

The use of mental health courts or other jail diversion measures should be explored with the county prosecutor. The group encourages communities to engage in the intercept model to lead the regions in this discussion.

## PUBLIC COMMENT

When expanding the peer workforce, it is important to explore peer run/peer delivered services. Also, the training of supervisors for peer support is important.

## NEXT STEPS

12/5	Draft written report will be distributed to workgroup
12/9 at 9 AM	Workgroup will have conference call regarding draft
12/11	DHS will review report
12/15	Report is due to the Governor and Legislature

## FINAL MEETING

The final meeting of the Community Integration Workgroup is scheduled for Tuesday, December 9 at 9 AM for a conference call. Changes to the draft will be accepted on the call or via email. The deadline for comments will be noted on the conference call notification.

The meeting was adjourned at 3:05 p.m.

Minutes by Renee Schulte.